

Name of contracting Vendor / EPIC / DOC	
Purchase Order number / Job number	Request for Printing number

INSTRUCTIONS: 1. Upon completion of printing job, contracting vendor's representative will inspect products to be shipped and select FOUR representative samples to be submitted with this Certificate.

2. Afte	r completing and	signing this Certi	ficate, samples will	be attached and de	livered to: <i>Indiana Commission Forms Managemen</i>	nt Division		
(Please check one)	□ o =	•			402 W. Wasȟington Indianapolis, IN 462			
State Form Or Non Form								
PRODUCT DELIVERED UNDER CONTRACT DESCRIPTION (as shown in Purchase Order) QTY. DELIVERED DATE DELIVERED PLACE DELIVERY MADE AMOUNT								
DESCRIPTION (as snown in Purch	iase Order)	Q11. DELIVERED	DATE DELIVERED	PLACE DELIVERY MADE	AMOUNT		
(Please check one) Partial Order Or Completed Order								
CERTIFICATION OF VENDOR								
The undersigned, in order to induce prompt payment, hereby certifies, represents and affirms under penalties of perjury, to the Indiana Department of Administration:								
 that the attached required samples of the product specified in the above-cited Purchase Order have been inspected and compared to the delivered portion of the printing job, that they are representative of the entire quantity delivered, and that they are equal in quality to the entire printing job which has been produced and delivered in accordance with approved contract specifications (except as noted in Item 5 below); 								
 that the contract terms and conditions have been fully performed, that no contract obligation remains unperformed by our firm, and that all approved contract specifications have been met (except as noted in Item 5 below); 								
3. that all artwork or other material either provided by or paid for by the State of Indiana to the vendor in connection with this contract order have been returned as noted in item 6 below; and								
4. that the individual executing this Certificate affirms that every reasonable effort has been undertaken to verify the information transmitted here, and that the statements contained are true, accurate and complete to the best knowledge and belief of the undersigned individual.								
5. Exceptions:								
6. Disposition of artwork	/ material							
☐ Forms re	☐ Forms returned to Indiana Commission On Public Records Forms Management Division 402 W. Washington St., Rm. W472 Indianapolis, Indiana 46204 ☐ Delivered to							
Signature of contracting vendor representative Printed / typed name								
Title of contracting vendo	or representative					Date signed		
			RECYCLED PAPE	R REQUIREMENT				
			contains at least 309	% post-consumer re	cycled fiber, unless it is not av	ailable. Was the printing job		
printed on recycled pape								
If Yes, note percentage % of post-consumer content. If No, explain:								
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					RMS MANAGEMENT DIVISIO			
					ne requesting agency's report the case of forms, and ha			
ACCEPTABLE "	'Δς Ις"							
		owing reason(s)						
NOT ACCEPTABLE for the following reason(s): ACCEPTABLE CONDITIONALLY for the following reason(s):								
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Cignoture of reviewer				Drintod / tunod	2200			
Signature of reviewer				Printed / typed r	iaiii c			
Title of reviewer				I		Date signed		